

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041477

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 115

FILED NOV 27 1962

## 1. PLACE OF DEATH

a. COUNTY

ATCHISON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN FAIRFAXLength of stay in 1b  
1 DAYc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION COMMUNITY HOSP.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE MO.

b. COUNTY Holt

c. CITY  
OR TOWN MOUND CITYInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CLARA FERNE COX

4. DATE  
OF DEATH

Month

Day

Year

Nov. 21, 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-27-1903

## 9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

IN THE HOME

11. BIRTHPLACE (City and state or country)

NEMAH, NEB.

12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

FRANK Burgess

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

LUTHER COX

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Luther Cox

## Address

Mound City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH CAUSED BY

(Immediate Cause)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1959 to Nov 21, 1962 and last saw her alive on Nov. 21, 1962

Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Mound City, Mo.

## 22c. DATE SIGNED

11/23/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

11-23-1962

## 23c. NAME OF CEMETERY OR CREMATORY

MOUND HOP

## 23d. LOCATION (City, town, or county)

MOUND City, Mo.

## 23e. STATE

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

James H. Crawford, Mound City, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov. 25, 1962

## 26. REGISTRAR'S SIGNATURE

Marvin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James H. Crawford*

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.